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Application Number	10/500,694
Filing Date	December 21, 2004
First Named Inventor	Michael Chopp
Art Unit	1609
Examiner Name	Walter E. Webb
Attorney Docket Number	1059.00106

I hereby revoke all previous powers of attorney given in the above-identified application:

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Michael Chopp
Date	9/16/08
Telephone	313 916 3936

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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